Form 928

# PRIOR AUTHORIZATION FOR RESIDENTIAL HABILITATION IN PROFESSIONAL PARENT SETTINGS

This form is to be used to certify AND AUTHORIZE Professional Parent Services to a foster child in the custody of the State of Utah: Department of Human Services required because of the exceptional care needs the individual presents with. <u>This certification is valid for one year from the date of certification unless a substantial change in condition necessitates reassessment.</u>

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|---|---|
| PERSON'S NAME: | TODAY'S DATE: ____/____/____<br>MM DD YR |
| PERSON'S ID: 0__ __ __ __ __ __ __ __ | REQUESTED START DATE OF PROFESSIONAL PARENT:<br>____/____/____<br>MM DD YR |
| SUPPORT COORDINATOR: | DATE OF NEXT REVIEW OF CARE NEEDS<br>(not more than one year):<br>____/____/____<br>MM DD YR |
| SUPPORT COORDINATOR'S PHONE NUMBER: ( ) | PROVIDER NAME: |
| DSPD REGION/OFFICE: | Comments: |

Directions: Place a checkmark in the box for each of the needs that a child exhibits that may affect the intensity or skill level required of the provider of Professional Parent foster care services. A child must have at least one need in Category A <u>OR</u> Category B in order to be considered a child with exceptional care needs. The child's record <u>MUST</u> include documentation of the need, and these needs must be reflected in the person's Individual Support Plan.

Category A: Behavioral Needs
The child must display at least one of the following characteristics and requires a psychiatric or a behavioral support plan as a result:

- ☐ The child has encopresis or enuresis during daytime hours several times a week
- ☐ The child has severe hyperactivity to the point of frequent destructiveness or sleeplessness
- ☐ The child is chronically depressed or withdrawn
- ☐ The child engages in bizarre or severely disturbed behavior
- ☐ The child demonstrates significant acting out behaviors
- ☐ The child demonstrates persistent attempts at elopement
- ☐ The child exhibits high-risk behaviors including habitual alcohol or drug use, sexually promiscuous behaviors, or sexual perpetration.

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- ☐ The child engages in persistent injurious or destructive behaviors
- ☐ The child demonstrates a severe eating disorder including anorexia nervosa, pica, or polydipsia
- ☐ The child demonstrates the presence of psychotic or delusional thinking and behaviors
- ☐ The child requires 24-hour awake supervision or care in order to ensure the safety of the minor or those around him/her.

Category B: Physical or Personal Care Needs

The Child must display at least one of the following characteristics and requires a medical or personal care intervention as a result:

- ☐ The child requires assistance with multiple personal care needs including bathing, dressing and toileting
- ☐ The child requires catheterization or ostomy care
- ☐ The child must be fed, requires tube or gavage feedings, or requires direct supervision while eating to prevent complications such as choking, aspiration or excessive intake
- ☐ The child requires frequent care to prevent or remedy serious skin conditions such as pressure sores or persistent wounds
- ☐ The child requires suctioning
- ☐ The child has a complex and unstable medical condition that requires constant and direct supervision
- ☐ The child requires two or more hours of therapy follow-through each day
- ☐ The child requires other medical, medication-related or treatment follow-through throughout the day
- ☐ The child requires assistance with transfers and positioning throughout the day
- ☐ The child requires 24-hour awake supervision and care

Certification: I have met with this child as well as with family, supports and other caregivers and I have reviewed thoroughly this child's history and medical reports. As a result of this review, I certify that this child has exceptional needs for the foster care afforded to him/her based upon the presence of the condition I have indicated above with a checkmark.

Support Coordinator:_____ Date:_____

| APPROVALS: | |
|---|---|
| Support Coordinator: | Date: |
| Supervisor: | Date: |
| Contract Analyst: | Date: |
| Region Director: | Date: |